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DATE:

June 9, 2008

PTO IDENTIFIER:

Application Number 10/535,474-Conf. #4298

Patent Number

Inventor:

Wolfgang Richter et al.

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Attorney Dkt. #:

63419(52171)

PAGES (Including Cover Sheet):

17

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Fee Transmittal (1 page)

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

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Application No. (if known): 10/535,474

Attorney Docket No.: 63419(52171)

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Fee Transmittal (1 page) Amendment (11 pages)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2

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Outre ne Laberanik ved	Complete if Known											
Effect Fees pursuant to the Consolid			10/535,474-Conf. #4298									
FEE TR			lay 17, 2005									
				First Named Inventor Wolfgang Richter		ter						
For FY 2008				Examiner Name		J. R. Kosack						
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1626		1626						
TOTAL AMOUNT OF PAYMENT (\$) 525.00			Attorney Docket No. 63419(52171)									
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee												
x Charge any additional fee(s) or underpayments of x Credit any overpayments												
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION												
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	s									
	FILIN	G FEES		ARCH FEES	EXAMIN	IATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)				
Utility	310	155	510	255	210	105						
Design	210	105	100	50	130	65						
Plant	210	105	310	155	160	80						
Reissue	310	155	510	255	620	310						
Provisional	210	105	0	0	0	0						
2. EXCESS CLAIM FEES								Small Entity				
Fee Description Each claim over 20 (inclu-	Fee (\$) 50	Fee (\$) 25										
Each independent claim o		210	105									
Multiple dependent claims	S						370	185				
Total Claims Extra Claims Fee (\$) Fee F			aid (\$)	<u>Mı</u>	ıltiple Depende	nt Claims						
20 -20 = x = Fee (\$) Fee Paid (\$)						1						
HP = highest number of total cl			F F					-				
	Claims F	<u>ee (\$)</u> _	F00 P	'aid (\$)								
5 - 5 = HP = highest number of indepe	ndem claims paid	for, if greater than	3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	Extra Sheets			dditional 50 or frac			Fee P	aid (\$)				
4. OTHER FEE(\$)	·	/50 =		(round up to a whol	e rumber)	* *	Fees	Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00												
SUBMITTED BY	-											
Signature			<u>-></u>	Registration No. (Attorney/Agent)	33,860	Telephone	(617) 517	-5557				
Name (Print/Type) Peter F	Cadess C					Date	June 9	2008				

JUN 0 9 2008

AMEN	Docket No. 63419(52171)										
Application No. 10/535,474-Conf. #4298		Filing May 17	ľ	Examiner J. R. Kosac	k	Art Unit 1626					
Applicant(s): Wolfgang Richter et al.											
Invention: THIA-EPOTHILONE DERIVATIVES FOR THE TREATMENT OF CANCER											
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED											
	Claims Highest Remaining Number Num After Previously Extra C		Number Extra Claims Present	Rate							
Total Claims	20	- 20 =		x							
Independent Claims	5	- 5 =		x							
Multiple Depend	ent Claims (che	eck if applicabl	e)								
Other fee (pleas	525.00										
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:			525.00					
Large Entity No additional fee is required for this amendment. X Please charge Deposit Account No. 04-1105 in the amount of \$ 525.00 A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.											
Peter F Corless Attorney/Agent	Reg. No.: 33.8	360		Dated:	June 9,	2008					
EDWARDS AND P.O. Box 55874 Boston, Massac (617) 517-5557	GELL PALMER	R & DODGE LI	LP								